APH118/A9-2(d)

U.S.S. RESCUE (APH-118)
C/O Fleet Post Office
San Francisco, Calif.

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FILE

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UNCLASSIFIED

6 December 1945

From: Senior Medical Officer.
To: Chief of The Bureau of Medicine and Surgery.
Via: (1) The Commanding Officer.

Subject: Cumulative Report for Period of World War II, Forwarding of.

Reference: (a) BuMed Ltr. E-LG, A2-2/EN10, Dated 10 October 1945.

Enclosure: (1) HW subject report in duplicate.

1. In accordance with ref. (a) encl. is enclosed and forwarded herewith.

T. I. TYRRELL

FIRST ENDORSEMENT: U.S.S. RESCUE (APH-118)
APH118/A9-3(d)
Serial (025)

DEC 7 1945

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From: The Commanding Officer.
To: Chief of The Bureau of Medicine and Surgery.

1. Forwarded.

L. C. KEATING

DEC 19 12 32 PM '45

(A) CHRONOLOGY

22 January 1945

In accordance with BuPers ltr. Pers-182-HC of 3 Jan 45, and OpNav recommendation Op-23-23-SWII Serial 6523 S01541 of 8 January 1945 and SecNav approval Op-23-SWIA Serial 6623 of 10 January 1945, the name and classification of this vessel was changed from U.S.S. ANTAEUS (AG-67) to U.S.S. RESCUE (AH-18), effective as of 18 January 1945.

From 1 January 1945 moored portside to Pier "K", Berthing IVYNYA, Brooklyn, New York, yard workmen aboard, undergoing conversion to hospital ship.

1 February 1945

USS RESCUE (AH18) assigned to Naval Transport Service, undergoing conversion to Navy Hospital Ship.

1 March 1945 USS RESCUE (AH18) completing conversion.

2 March 1945 Underway to conduct post repair trials lasting from 0623 to 1851, mileage 106 miles.

6 March 1945 Underway for Hampton Roads, Virginia.

Departure 2034 Mileage 320 Time 20 hrs 45 min.

Arrival 1719 on 3/7/45.

Trip No:	Departure	Mileage	Time Hr	Min	Trip Description	Arrival
4	0659, 3/9/45	78 mi.	11	51	Norfolk-Ches Anchorage (Savage Neck)	1850,3/9/45
	0720 a/c stopped. Man overboard. Steamed various courses at various speeds to conduct search. 0859 Abandoned search for man overboard; by order of ComServForLant, proceeded on mission assigned.					
5	0730, 3/10/45	80	9	17	Ches.Anchorage,Norfolk	1647,3/10/4
6	1200, 3/15/45	1863	116	52	Norfolk to Cristobal,C.Z.	0752,3/20
7	0903, 3/20/45	45	7	22	Cristobal,C.Z. to Balboa C.Z.	1625,3/20/45
8	0911, 3/22/45	3591	210	49	Balboa, C.Z., enroute to Pearl Harbor, T.H.	2400,3/31/45
	USS RESCUE (AH18) assigned to Naval Transport Service, under temporary operational control of CinCPac.					
9	0000, 4/1/45	1179	81	15	Enroute, P.H. Anchorage T.H.	0845,4/4/45
	4/8/45: Granted Navy Yard availability at Pearl Harbor, T.H. by ComSerPac despatch of 6 April and CinCPac dispatch of 7 April. Availability required to install facilities for embarking litter patients. Ship fitted at present as ambulance transport for dock loading only.					
10	0807, 4/10/45	5	0	56	Shifted Berths, P.H.	0903,4/10/45
11	0841, 4/13/45	1	1	18	Shifted Berths, P.H.	0959,4/13/45
12	0830, 4/19/45	1	0	47	Shifted Berths, P.H.	0917,4/19/45
13	1048, 5/1/45	3	0	42	Shifted Berths, P.H.	1130,5/1/45
14	0900, 5/17/45	3783	246	59	Pearl Harbor to Ulithi	1029,5/28/45

5/17/45: In accordance with dispatch orders 170025 of May 1945 from ComSerPac and routing instructions of 16 May 1945 from Commander Hawaiian Sea Frontier underway observing full hospital procedure and reporting for duty with Fifth Fleet to ComSerRonTen upon arrival.

15	0742, 6/10/45	1244	81	05	Ulithi to Okinawa	1547,6/13/45

6/10/45: In accordance with dispatch orders 080137 from ComMarianas and routing orders from AtCom, Asor Island underway for Hagushi Beaches, Okinawa. Upon arrival to report to CTF 31 dispatch 130511 reported to CTG 31.22 for duty 6/14/45 to 6/17/45 Embarking patients anchored off Hagushi Beaches, Okinawa between berths H84 & H107.

16	1815, 6/18/45	1	0	16	Okinawa(Anch)oiler & Anch Hagushi,Beaches	1831,6/18/45
17	2129, 6/18/45	1	0	16	Oiler(Anch),Hagushi	2145,6/18/45
18	0847, 6/19/45	1376	95	30	Hagushi to Pier P,Guam	0917,6/23/45

6/19/45: In accordance with CTF 31 dispatch 130540 & CTF 31 dispatch 181029, underway for Guam, Marianas, Isl ordered by CTF 31, 181029 to report to ComThirdFlt when R.F.S. at Guam for instructions.

19	1301, 6/23/45	3	0	49	Guam Anch (Apra) Buoy	1350,6/23/45
20	0740, 6/24/45	130	8	25	Apra(Guam)to Saipan	1605,6/24/45

6/24/45: In accordance with ComMarianas dispatch 230557 and Port Director, Guam routing orders of 23 June 1945 underway for Saipan, M.I.
6/24/45: Anchored in berth Love 40 Saipan Harbor, Saipan, Marianas Isl. In accordance with CTF 31 dispatch 201305, reported to CTG 30.8 for duty by our dispatch 240600.

21	1758, 6/29/45:	148	15	30	Saipan to Guam(Apra Harbor)	0928

6/29/45: In accordance with ComThirdFlt dispatch 240623 requesting CNOB, 6/30/45 Guam to dock RESCUE, RFS 4 July, CTG 30.8 dispatch 260204 requesting ComMarianas sail RESCUE to arrive Guam 30 June and Port Director Saipan routing orders of 28 June, underway for Guam, Marianas, Islands.
7/1/45: USS RESCUE (AH18), assigned to Naval Transport Service, under temporary operational control of CinCPac, attached to CTG 30.8 for duty.

22	0836, 7/2/45:	2	0	35	Guam Anchorage to FI Dry dock	0911,7/2/45
23	0924, 7/4/45:	2	0	23	FI Dry Dock to Guam Anch.	0948,7/4/45
24	1403, 7/5/45:	884	63	57	Guam to Rendezvous	0500,7/8/45

7/8/45: Received dispatch orders 071918 from CTG 30.8 to proceed to 32°30'N155°E and operate within a radious of 50 miles of assigned position and pass thru it at 1200 item daily.
7/8/45: Received total of twelve patients from DD's 517,566,568,642 &CV15

24	0500, 7/8/45:	2939	263	00	Rendezvous to Rendezvous	0400, 7/19/45
24	0400, 7/19/45	652	52	00	Rendezvous to station	0800,7/21/45

7/19/45 Received one patient from DD 662
7/20/45 Received 13 patients from DD's 568,742 & CL8

24	0800, 7/21/45	217	24	00	Station to station	0800, 7/22/45

7/21/45: Received total of 17 patients from DD 642, DE 302, CV 15, CVL 26, CV 20, DD 691, CL 54.

24	0800, 7/22/45	204	24	00	Station to station	0800,7/23/45

7/22/45 Received two patients from DD 687 & DE 742

24	0800 7/23/45	224	22	00	Station to Rendezvous	0600,7/24/45
24	0600, 7/24/45	248	30	00	Rendezvous to Station	1200,7/25/45

24	1200, 7/25/45	175	19	00	Station to Rendezvous	0700,7/26/45
24	0700,7/26/45	242	22	00	Rendezvous to Station	0500,7/27/45

7/26/45: 1214, ordered by CTG 3018 to close TG 38.3 to pick up patients
1534, duty with CTG completed, returning to TG 30.8 to assume pos
7/26/45: Received fourteen patients from DD 487, DD 574, BB57, DD 699, DD 666, DD 565 and DE 302.

24	0500, 7/27/45	461	50	00	Station to Rendezvous	0700,7/29/45

7/29/45: Received one patient from DD 484.

24	0700, 7/29/45	110	12	00	Rendezvous to station	1900,7/29/45
24	1900, 7/29/45	115	13	00	Station to station	0800,7/30/45
24	0800, 7/30/45	40	4	00	Station to station	1200,7/30/45
24	1200, 7/30/45	230	24	00	Station to Rendezvous	1200,7/31/45
24	1200, 7/31/45	125	12	00	Rendezvous to Station	2400,7/31/45

7/31/45: Received tatal of 5 patients from DD 658

24	0000, 8/1/45	108	12	00	Station to station	1200,8/1/45

8/1/45: USS RESCUE (AH18) assigned to Naval Transport Service under temporary operational control of CinCPac, attached to CTG 30.8
8/1/45: Received 5 patients from CV20, DD728, DD658

24	1200, 8/1/45	246	24	00	Station to station	1200, 8/2/45

8/2/45: Received 3 patients from DE 42 & DD 441

24	1200, 8/2/45	193	24	00	Station to station	1200, 8/3/45
24	1200, 8/3/45	242	24	00	Station to station	1200, 8/4/45

8/4/45: Received 1 patient from DD 442

24	1200 8/4/45	864	72	00	Station to Rendezvous	1200, 8/7/45
24	1200, 8/7/45	228	24	00	On station	1200, 8/8/45
24	1200, 8/8/45	228	24	00	On station	1200, 8/9/45
24	1200, 8/9/45	548	41	00	Station to Rendezvous	0500,8/11/45

8/10/45: Received 34 patients from USS Borie DD 704

24	0500, 8/11/45	304	27	00	On station	0800,8/12/45

8/11/45: Steaming various courses and speeds to locate CTU 30.8.2, located same 0545.
8/11/45: Steaming various courses and speeds to close TG 38.4
8/11/45: Steaming various courses and speeds to close TG 38.1
8/11/45: Received patients from USS Hancock CV 19
8/11/45: Steaming various courses and speeds to close CTG 38.3
8/11/45: Rejoined CTU 30.81 at 1706
8/11/45: Received 19 patients from CL 98, CV 19, DD 690, DE 744. DE 744, DD 729, DD 500, DD 468, CL 103

24	0800, 8/12/45:	281	24	00	On station	0800,8/13/45
24	1800, 8/13/45:	510	34	00	On station	1800,8/14/45

8/14/45: Received patients from USS Massachusetts BB 59
8/14/45: Steaming to close TG 38.3
8/14/45: Orders from CTG 30.9 to set course for GUAM

24	1800, 8/14/45	1232	85	35	Enroute to Guam	0735,8/18/45

Reported to ComMarianas for discharge of patients, replenishment and earliest practicable return to rendezvous with TG30.8 in 31°N, 143°E.
8/14/45: Received 17 patients from BB 57, BB 59, DD 683, CL 8

25	1303, 8/19/45	1110	68	57	Guam to Rendezvous	0900,8/22/45

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25	0900, 8/22/45	1120	119	00	Rendezvous, on station	0800, 8/27/45

8/22/45: Ordered by CTG 30.8 to joing CTG 35.80
8/23/45: Took station with ships proceeding to rendezvous with CTG 30.8 as ordered by CTG 35.80
8/24/45: Transferred patients.

25	0800, 8/27/45	222	34	31	On station - To Tokyo Anchored Sagami Bay, Honshu Japan	1831, 8/28/45
26	1230, 8/30/45	46	3	23	Sagami Bay, Tokyo Bay (Yokohama)	1553, 8/30/45
27	1347, 8/31/45	4	0	34	Shifted Anch. to Baker 48, Tokyo Bay, Yokohama	1421, 8/31/45

8/31/45: Ordered by ComThirdFlt visual to report to CTG 30.6

28	1232, 9/1/45	9	1	17	Yokohama to Tokyo, shifted Berths B48 to POW Anch.#4 (Evacuation)	1349, 9/1/45

9/1/45: USS RESCUE (AH18) assigned to Naval Transport Service under temporary operational control of CinCPac, attached to Third Fleet, TG 30.6

29	1259, 9/3/45	115	17	32	Tokyo to Maisaka Bay, POW Evac. #7	0621, 9/4/45

9/4/45: Embarked (1153) prisoners of war for screening
9/5/45: Screening prisoners of war. CTU 30.6.1 relieved CTG 30.6 as unit comdr.
9/8/45: In compliance with BuPers Restricted Dispatch of July 1945, Comdr. L. C. KEATING DE, USNR 71272, relieved Captain ROBERT B. TWINING, USN (Ret.) 9652 as commanding officer of USS RESCUE (AH18).

30	0835, 9/8/45	105	10	50	Maisaka Bay to Yokohama 2nd Dist. between Berths #23 & 24	1926, 9/8/45

0835, 9/8/45: Underway for Tokyo Bay in compliance with visual orders 072150 from CTU 30.6.1 - Ordered to report to CTU 30.6.9 for further orders.

31	0926, 9/9/45	3	0	29	Anchorage to alongside U.S.S. Benevolence at Pier E, Yokohama, 2nd.Dist.	0955,9/9/45

9/9/45: Debarked patients to USS Benevolence (AH13)

32	1651, 9/9/45	8	1	27	Pier E to Fuel from AO 72, Anchored in Berth E7, Tokyo Bay	1818, 9/9/45
33	0655, 9/10/45	1	0	16	Berth E7 to E21, TokyoBay	0716, 9/10/45
34	0911, 9/10/45	314	23	05	Berth E21, Tokyo Bay to Shiagama Bay, Temp.Anch. B	0816, 9/11/45

In compliance to CTU 30.6.2 orders 090230, modified by CTU 30.6.2 visual 090705
9/11/45: 1900, commenced screening RAMPS
9/12/45: Screening RAMPS
9/13/45: Screening RAMPS

35	1716, 9/14/45	120	13	10	Shiagama Bay to Kamaishi Bay,	0626,9/15/45

9/14/45: In compliance with visual orders 140722 from CTU 30.6 underway 1803 for Kamaishi, Honshu, Japan.
9/15/45: 0800, commenced screening RAMPS

36	1036, 9/16/45	322	22	49	Kamaishi Bay to Pier E, 1st. Dist. Yokohama, Japan	0925, 9/17/45

9/16/45: Underway for Tokyo Bay in compliance with orders from CTG 30.6
9/17/45: 0925, Commenced receiving patients from USS Benevolence (AH13) at Berth E, North Pier

37 0541, 9/19/45 1405 96 36 Yokohama to Guam 0714, 9/23/45
ComThirdFlt orders 170245 Sept underway for Guam, M.I. and report to CinCPac on arrival for duty.
9/23/45: Commenced disembarking and embarking patients. (0827 to 0912)
38 1424, 9/23/45 2 0 31 Dock to Anch. Guam 1455, 9/23/45
39 1107, 9/24/45 2973 156 53 Guam to Pearl Harbor 2400, 9/30/45
9/24/45: In accordance with orders 180003 from CinCPac, Adv.H.Q. and routing instructions of ComMarianas & Port Director, Guam underway for Pearl Harbor, T.H. to refuel and proceed to West Coast. Ordered to report to ComWesSeaFron and CinCPac Pearl for further orders.
9/28/45: (0800) Ordered by ComFifthFlt dispatch 280031 to report to ComServPac for Magic Carpet Duty.
9/29/45: Crossed International Date Line at 2142 going East.
39 0000, 10/1/45 492 32 6 Guam to PH, T.H. 0836, 10/1/45
40 1705, 10/2/45 2110 119 02 Pearl Harbor, T.H. to
San Francisco, Cal.Pier#7 1837, 10/7/45
10/8/45 (0815): Disembarked RAMPS
41 1455, 10/8/45 2 0 26 Pier #7 to Anch. S.F. Bay 1521, 10/8/45
42 0746, 10/9/45 1 0 41 Anch. to Pier #36, S.F.Cal. 0827, 10/9/45
10/18/45 at 1000, Commenced taking passengers on board.
43 1357, 10/19/45 2114 118 38 S.F.Cal. to Honolulu,T.H. 1005, 10/24/45
In compliance with ComWesSeaFron movement order #864-C&R got underway for Pearl Harbor, T.H.
10/24/45 at 1025; Commenced debarking passengers.
44 1456, 10/25/45 2107 117 50 Honolulu,T.H. to S.F.Cal.
Anch. #12, S.F.,Cal.Bay 2036, 10/30/45
10/25/45 at 0935 to 1040: Commended taking patients aboard (181).
10/25/45 at 1300: Commenced taking passengers aboard, Waves,Spars & WR Marines.
45 0657, 10/31/45 1.5 0 28 Anch.#12,S.F.Cal to Pier #7 0725, 10/31/45
46 1457, 10/31/45 1.5 0 24 Pier #7 to Pier #36,SF,Cal. 1521, 10/31/45
10/31/45, from 0751 to 0955: Commenced disembarking passengers and patients.

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(B) ORGANIZATION

Organization of the activity and it's position in the Naval chain of command.

(A) MISSION OF A HOSPITAL SHIP, U.S.S. RESCUE (AH18).

(a) To provide hospital service to the Fleet.

(b) To receive the sick and injured Naval, Marine Corps or military personnel, to give this personnel the best possible type of medical care in the most expeditious manner with the view of:

1. Restoring them to duty promptly.
2. Evacuating safely to rear area hospitals those patients whose conditions will not permit their early return to duty.

(c) To act as a medical stores ship for the resupply of the medical departments of advance units and ships of the fleet.

(B) GENERAL INFORMATION.

The U.S.S. RESCUE (AH-18) was originally commisioned in the U.S. Navy as the U.S.S. ANTAEUS (AS-21) on 7 May 1941. She was the former S.S. SAINT JOHN, a passenger ship owned and operated by the Eastern Steamship Lines. As the ANTAEUS she operated for eighteen (18) months as a submarine tender. She was then converted to a transport carrying 2106 passengers and her number was changed to AG-67. Most of her service was to and from Carribean bases. In January and February 1945 she was converted to an ambulance ship and given her present name and classification number.

Ship's Data:

Built at Newport News Shipbuilding Company, Newport News, Va.,1932.

Dimensions:	Length overall	402 ft. 11 in.
	Length between perpendiculars	387 ft.
	Extreme beam	61 ft.
	Mean Draft (loaded)	30 ft. 8½in.
	Molded depth	29 ft. 9 in.
	Frame spacing:	
	0-11	24 in.
	11-156	27 in.
	156-180	24 in.
	Number of frames	180

Machinery Data:

Engines: Two geared turbines, Curtis H.P. Parsons L.P. rated 13,000sh
Built by Newport News Shipbuilding Co., Newport News, Va.
Boilers: Four Babcock & Wilcox Marine Type, Mod. 1931.

Electrical Machinery:

Three (3) turbine driven 250 KW, 120-240 volt, 3 wire D.C. generators made by General Electric Company.

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Fuel and Water Capacity:

Fuel oil	278,120 gals
Lubricating oil	2,290 gals
Diesel oil	5,453 gals
Reserve Feed water	54,750 gals
Potable Water	97,740 gals

Patient bed Capacity, 776.

The description of the interior of the ship with those spaces under the direct supervision of the medical department is as follows:

On A deck forward on the port side were quarters for nurses. On the starboard side were quarters for line officers. Aft on the same deck were quarters for medical officers and Hospital Corps officers. B deck forward of the officers Wardroom, which was located amidship, were 27 rooms for 53 sick officers. Aft of the wardroom was a urological ward of 48 bed capacity, with a separate urological operating room on the port side aft on this deck was a twelve bed isolation ward. The orthopedic ward with a capacity of 55 beds was located forward on C deck. Immediately adjacent on the port side was a plaster room. Aft of this ward were two surgical wards, the one on the starboard side with a bed capacity of 42, and the one on the port side with a capacity of 55. These wards were assigned for the use of chest, abdominal and head cases. Forward and amidship of the starboard surgical ward, was a small surgical dressing room, which was used for minor surgery and debridements. Aft of the starboard surgical ward communicated by means of a private passage way directly with the main operating room suite. This suite consisting from forward, aft of a surgical office, anethesia room, two major operating rooms, a small plaster room, a scrub room, autoclave, central surgical supply, doctor's dressing and shower room. Aft of this suite was the clinical laboratory. On the starboard side aft of the other surgical ward in the following order were the senior medical officer's office, the property and accounting office, x-ray and dark room, ear, eye, nose and throat clinic and the dispensary. Aft of the main trunk was a psychiatric ward of 76 beds and five sound proof strong rooms. D deck aft of the quarterdeck was a ward of 84 beds, used for overflow ambulant medical and surgical cases. Forward of the quarterdeck on the port side were two wards of 84 and 59 bed capacity assigned for the use of medical cases. On the starboard side was a ward of 40 beds used expressly for treatment of shock and burn cases. Forward of these wards and off the forward trunk was located the ambulatory and crew mess halls, where food was served cafeteria style. E deck forward and below the general and ambulatory mess hall, was a large ambulatory ward containing 112 beds. Aft of this and completely separated by a water tight bulkhead was the main galley and bake shop. The main galley supplied food to the diet kitchens located forward and aft on B, C & D decks by means of a dumb waiter. The food was carried in AirVacFood containers and the liquids in ThermaVac's. Aft on E deck was another large ambulatory ward of 102 bed capacity, used also for ambulant medical and surgical cases. Medical storerooms and supply rooms were located on F deck.

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(C) THE COMPLEMENT

The complement of the Medical Department of the U.S.S. RESCUE (AH18) is as follows:

Medical Officers:
Senior Medical Officer, 2 General Surgeons, 1 Orthopedic and 1 Urological Surgeon, 1 Psychiatrist, 1 Roentgenologist, 1 Laboratory and Pathologist, 1 EENT Surgeon, 3 Medical.

Hospital Corps Officers	4
Dental Officer	1
Nurse Corps Officers	25
Hospital Corps, Enlisted	164

Officer Assignments:

DETAIL:	DUTIES:
Senior Medical Officer	The Senior Medical Officer is in direct charge of the hospital facilities of the ship, including Medical Department personnel, American Red Cross personnel, personnel on the sick list, Hospital spaces, medical equipment and medical stores. He is responsible to the Commanding Officer for the professional administration of the Medical Department.
Chief of Medical Service	Supervises the Medical Wards, their patients and personnel, neuropsychiatric section, laboratory section communicable disease section and cardiology section.
Medical Officer, Neuropsychiatric Section	Has charge of the neuropsychiatric wards, their patients, personnel and equipment.
Medical Officer, Laboratory Section	Has charge of the laboratory, autopsy room, their personnel and equipment.
Medical Officer, Dermatology Section	Has charge of the wards assigned this section, their patients, personnel and equipment.
Medical Officer, Communicable Disease Section	Has charge of the wards assigned this section, their patients, personnel and equipment.

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Medical Officer, Cardiology Section	Has charge of the wards assigned this section, their patients, personnell and equipment.
Medical Officer, Gastro-Intestinal Section	Has charge of the wards assigned this section, their patients, personnel and equipment.
Chief of Surgical Service	Has direct control of the Operating Suite, supervision of the Surgical Wards, Orthopedic Section, Urology Section, E.E.N.T. Section and Radiology Section.
Dental Officer, Dental Service	The Dental Officer detailed to the Dental Clinics shall have charge of this section, it's personnel and equipment.
Chief Nurse, Nursing Service	Exercises general supervision of the Nursing Service, and shall keep herself advised of the policies of the Medical Officer in relation thereto.

(C) NARRATIVE ACCOUNT
and
(D) ADDITIONAL DATA

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On March 6, 1945 the Rescue sailed from Brooklyn, bound for Hampton Roads for trial runs and shake down - Completing the necessary tests, - on the 15th of March 1945, she was underway, bound for the Panama Canal and the Pacific - arriving at Pearl Harbor on April 4th. 1945. Until now the ship was equipped for only dock loading, as a result ComSerPac granted an availability to outfit her with electric hoists to facilitate beach loading. The Navy Yard at Pear Harbor installed six hoists - two forward outboard port and starboard on "C" deck and four, two amidship, and two aft, port and starboard on "B" weatherdeck. It was difficult at the time to realize what an important part this equipment was to play in our operational activity at a future date. It would have been impossible to manage with any degree of speed without them.

On May 17th 1945 - dispatch orders were received for duty with the 5th. Fleet, as a result the Rescue sailed for Ulithi, arriving at anchorage on May 28, 1945. Here the ship functioned in its capacity as a hospital ship, serving the elements of the fleet at anchorage off this atoll. It afforded opportunity to put to use the newly installed hoists and allowed much needed practice for the hoist teams. These hoists were equipped with bridles which could be firmly and securely attached to the metal frame of the Stokes stretchers. Lowered to the various types of landing craft that came alongside they could quickly be attached and the patient gently and speedily elevated to the deck desired. The ship was occupied with this type of duty until 6/10/45 when orders were received from ComMarianas and routing orders from A.T. Com, Asor Island directing the ship to proceed to Hagushi Beaches, Okinawa. On 6/13/45 the Rescue

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arrived at its destination and in accordance with orders reported to C.T.F. 3, for duty and in turn received further orders attaching us to C.T.G. 31.22. Here the work of the Rescue really began. It was her initial appearance in truly a battle area. In the distance could be seen our great battleships firing round after round at the enemy ashore. The cannonading could be easily heard and the concussion distinctly felt aboard ship. During darkness the skies would be brightened by the flashes from the guns at the fronts. Air raids occurred nightly not one but three and four. Sleep for the staff was practically an impossibility due to the great and sudden volume of work and the calls to General Quarters.

From 6/14/45 up to and including 6/19/45 the wounded were constantly arriving from shore. In most instances they would be brought alongside in L.C.M., L.C.V.P. and occasionally in L.S.M.'s. They were transferred to the decks desired by the litter hoists. Each hoist was commanded by a Line Officer aided by an Electrician who manipulated the electrical controls for elevating or lowering, and a member of the deck force who swung the boom in over the deck with the aid of a hand crank. Below in the craft alongside, a Coxswain and a seaman from our crew tended the rigging of the bridles, to the Stokes stretchers. This procedure was necessary, for these men were trained for such tasks and it eliminated any possible accidents such as bridles becoming loose on elevating the patients. Once on deck the wounded were seen by a Medical Officer and properly tagged. The tag gave information such as name, branch of service, diagnosis, ward and bunk where he was to be taken by the Stretcher Team. The Rescue had twenty such Stretcher Teams consisting of four men each, all trained in the task of handling the patients in the most gentle manner possible.

Shock cases were handled in Ward D-3, just forward of the quarter deck. This ward was taken care of by two Medical men, a nurse and two shock teams of Corpsmen (4 each) all trained for definitive treatment. Also attached to this ward was a Laboratory Technician with a small portable setup for doing copper sulfate determinations of the blood. Here oxygen therapy, serum albumin, dried plasma and Whole Type "O" Blood was available for instantaneous use. The ship Rescue during this operation had one hundred units of Whole Blood in the refrigerator obtained from the Blood Bank at Guam. This could be immediately replenished as soon as the supply neared exhaustion. This shock ward was also devoted to the care of burn cases and was used exclusively for this purpose, after the "shock" cases from wounds had recovered sufficiently for further treatment in there designated wards.

Every effort was made by the Routing Doctors to see that each case before finally arriving at the ward he was to be treated in, had all the necessary x-rays to avoid unnecessary confusion and superfluous trips to this department.

Many of the wounded had been operated on ashore in Field Hospitals, those that needed definitive treatment aboard were taken care of by the Department of Surgery on the Rescue. All our wounded were immediately placed on sulfadiazine and Soda Bicarbonate, except those gastro enteric cases where food liquids and medication was contraindicated by mouth. In addition to this, they also received Penicillin intramuscularly every three hours. The incidence of wound infection as a result was extremely low. Of our Okinawa casualties there were no Gas Bacillus infections. Whole blood Type "O", plasma, and serum albumin was used most freely. This plus the Chemotherapy unquestionably kept our mortality rate

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extremely low. Three of our patients died enroute to our disembarkation point, one fracture case of embolism, one cervical cord transection and one of toxemia of burns. Our total patient census for this trip was 732, so that it is evident that our mortality rate was less than .5 per cent.

In the treatment of burns which totaled in number twentyfour, in addition to the aforementioned definitive treatment for shock, toxemia and infection of the skin lesions were dressed for the most part after the initial debridement with microcrystalline sulfanilamide, vaseline gauze and pressure dressings. These dressings were left undisturbed until they became soiled. It was found through our experience that this was superior to many other methods described in the Literature; the English method of using "Tulle" empregnated with Petrolatum 98%, Cod Liver oil 1% and Balsa Peru 1% was tried on some cases but it was not proven superior to the vaseline gauze proceedure in our hands.

Of the chest cases aboard there were thirty-three on this trip. All, with the exception of three, were of the sucking variety. The wounds had been sutured and the common complication was hemothorax or hemopneumo thorax. These were treated with oxygen if embarassed and repeatedly tapped, followed after tapping with an instillation of 60,000 units of Penicillin in 50cc. of sterile water into the pleural cavity. If there was no embarassment they were not disturbed. One case had a definitely established empyema on arrival aboard, one had an abdominal thoracic wound over the right side with a tube in the pleural cavity which was draining bile stained pus. The last of the three cases previously mentioned had had a rib resection for a left thoraco-abdominal wound with a torn diaphragm. In this case the lung had been sutured, the spleen removed and the rent in the diaphragm repaired through the thoracic incision and the patient was convalescing on arrival.

The abdominal cases received for transfer had all been previously operated. Most of them were shrapnel wounds and the entire field of War Surgery of the abdomen was covered. Small bowel resection, repair of perforations and colostomies were common. It might be mentioned at this point that practically all these cases were most expertly handled and the surgery performed at Field Hospitals was of the highest type.

By and large the greatest number of wounds we received were of the upper extremities, buttocks and lower extremities. This concurs with most of the statistics published in other battle sectors. The work done here consisted of mostly debridements, removal of foreign bodies, reductions and immobilization of fractures. A large percentage of this work was done in our own surgery. Four extremity amputations were done in this group of cases. The type of operation performed was the Guillotine Amputation followed by skin traction applied in the way devised in this war by Army Surgeons. The one fatality that occurred on this service as previously mentioned was due to a fat embolus in a fracture case.

Of the Neuro-surgery, a goodly portion of these cases particularly of the head were to be flown back to rear bases. Wounds of the face and scalp were quite common but actual skull cases with intracranial damage numbered below ten. Three cases of cord transection were admitted. One of the cervical region which resulted in death and two of the lower thoracic region which were transferred at disembarkation.

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6/23/45 The Rescue docked at Guam. We were met by a Fleet of Ambulances, the disembarking of patient began shortly before 1000 and was completed by 1200. The transfer of 712 cases was accomplished in exceedingly rapid time requiring a little over two hours.

At Guam the ship received a dispatch to report to C.T.G. 30.8 for duty. After one trip to Saipan, where we again acted as Medical Guard, we sailed on 7/8/45 for a rendezvous with the Third Fleet. This operation consisted of frequent rendezvous's for transfer of patients while this great force was operating off the coast and making many strikes against Japan. The Rescue continued on this duty for a period of forty-five days.

The problem of loading patients on this trip was completely different than our previous operation. Here we did not use our hoists, all the transfers were accomplished by Breeches Buoy while underway. We transferred patients by this method from Battleships, Large and Small Carriers, Cruisers, Destroyers and Destroyer Escorts without one single accident. At times we received patients from two ships at one over the Breeches Buoy to both port and starboard sides of our stern. This work was done day or night and in rough weather and in calm. The outstanding feat was the transfer of 34 cases from the USS BORIE (DD-704), during a stormy black night in August of 1945. The task was completed in a little over 1 hrs. time without mishap. Most of these patients were quite seriously injured in a Kamikaze attack upon their ship.

Here again, in this Third Fleet Operation the percentage of wounds of the body were quite similar to our previous experience. This narrative does not call for any further detail than has already been given in regard to clinical material, however, we did have one case of gas gangrene which required amputation above the knee. There were no deaths on this operation and we took aboard a total of one hundred and fifty-five cases. We were called on to do more surgery on this group because no definitive work other than treatment of shock and hemorrhage, chemo-therapy and sterile dressings had been done. One case was particularly outstanding, a shrapnel wound of the abdomen at least 32 hours old which was received aboard with a well established peritonitis. No surgery had been performed because of battle damage aboard the vessel U.S.S. BORIE. It was considered too late to do a Celiotomy, so the treatment established was gastric drainage by means of the Wagensteen apparatus, Intravenous Fluids and medications, Whole Blood and Penicillin, 30,000 units every 2 hours, Morphine for pain and rest. The patient made remarkable progress and was localizing an abscess in the right lower quadrant when we transferred him at Guam, greatly improved and with an excellent chance for recovery. This case although despaired of, was unquestionably saved by modern methods of treatment and Penicillin.

On 8/14/45 the Rescue received orders to proceed to Guam and we arrived there to discharge our patients on 8/18/45. The doctors, nurses, corpsmen and crew were extremely fatigued, however, on the next day we received orders once again to rendezvous with C.T.G. 30.8. This we did arriving at our destination on 8/22/45; here we proceeded to describe a triangular course until orders were received to proceed with the Fleet into Tokyo, accordingly the course was set for Sagami Bay off of Honshu, Japan and here the anchor was dropped on 8/28/45. Three days later the ship was underway to Tokyo Bay arriving at our destination on 8/30/45 off of Yokohama. The Rescue was among the ships in position for the historic surrender of Japan and the signing of peace aboard the USS Missouri on September 3, 1945.

The next problem that confronted the Rescue and the other Hospital Ships at anchor in the bay was the processing of Prisoners of War held by Japan. To the lot of the Rescue fell the greatest part of this job. The total number of P.O.W.'s processed by this ship was 6,300, far over and above the number done by any other Hospital Ship. This task began with the receipt of orders on 9/3/45 to proceed to Maisaka Bay 115 miles south of Tokyo in the Nagoya area. On 9/4/45 we anchored at our destination and the process of screening began. A decontamination setup was established on "D" deck in Ward D-6 aft of the quarterdeck. The clothing was taken from each prisoner, he then showered cleaning himself throughly, this was then followed by a DDT spray over the entire body. New shorts and shower slippers were issued, and the prisoner proceeded to the deck above where he was examined by a Medical Officer and the decision made as to whether or not he was retained and admitted to the Hospital Ship, or transferred to a waiting APD for passage to Tokyo. Immediately after examination and before transfer he was issued a new and complete outfit of clothing. On this operation the Rescue processed 1153 prisoners of war. On completion of this screening the ship weighed anchor on 9/8/45 and proceeded to Tokyo Bay, tying up alongside of the Navy Hospital Ship Benevolence (AH13). Here we transferred our patients to this ship on 9/9/45. The next day the Rescue was ordered to proceed to Shiogama in the Sendai area on the coast of Japan 314 miles north of Tokyo. On 9/11/45 the screening process began again and continued through 9/13/45. At 1716 of this day the Rescue sailed out of Shiogama Bay and proceeded 120 miles north to Kamaishi Bay beginning the screening of R.A.M.P.S. on 9/15/45 at 0800. The next day we were underway again for Tokyo Bay our final job of screening completed. Again we tied up along side of the Benevolence on 9/17/45, here we transferred Allied R.A.M.P. retaining US Navy, Marine Corps, Army, and American Civilian Personnel, and receiving more patients from the Benevolence for transfer to the United States. On 9/19/45 the Rescue sailed from Yokohama arriving in Guam on 9/23/45 leaving the next day the ship sailed to Pearl Harbor and thence to San Francisco where we disembarked 764 R.A.M.P.s and patients on Oct. 7, 1945.

Of the Rehabilitated Allied Military Prisoners that this ship processed there was a wide cross section of nationalities. Chinese, Dutch, Javanese, Natives of Hong Kong, Singapore, Philipinos, Malayans, Italians, British, Canadians and several Russians, in addition to our Navy, Marine Corps, Army Personnel and American Civilians. These R.A.M.Ps were taken prisoners in many palces. Bataan, Corregidor, Mindanao, Guam, Wake Island, Hong Kong, Singapore, Thailand, Java Sea and one that was picked up in the South Atlantic and eventually carried to Tokyo on a German Raider.

The most outstanding problems of the R.A.M.P.s were those of Malnutrition and diseases due to Vitamin Deficiencies, such as Beri Beri both dry and wet, Pellagra, Night blindness and Scurvy. Tuberculosis was quite common. Most patients had had Malaria some Dengue Fever. Dysentery, Amebiasis, Ascariasis, and Hook Worm was quite prevalent. During the long trip home many of these patients gained as much as twentyfive to forty pounds and were infinitely in much better condition than when received aboard this ship. All were profuse in thanks and most grateful to the Nurses, Corpsmen and Doctors of the Rescue for the excellent care and attention that they received while patients aboard.

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(E) CONCLUSION:

The Medical Staff and Line Officers of the U.S.S. RESCUE evolved and carried out plans which effectively, smoothly and quickly took care of war casualties and medical cases during and between engagements, acted as medical advisors and consultants to the other ships in task and fighting forces and replenished or furnished medical supplies and whole blood to other ships. They also examined, decontaminated and clothed over 6,300 RAMPS from war prisoner camps, retaining and treating 677 of the most sick and carrying them to San Francisco, California for further care and disposition.

Due to the fact that the U.S.S. RESCUE had been hurridly converted from a transport to a Hospital Ship, certain physical shortcomings were evident throughout the ship's activity, that made the completion of it's duties a bit more difficult. These shortcomings were lack of elevators to carry patients to various deck levels at the time of admission, absence of air conditioning, and the lack of facilities for the preparation of special diets for the patients. In addition our capacity for water making was comparatively inadequate, especially when the ship was loaded with patients. Careful husbanding of our water supply was necessary at times as a result.

In the main, though, all our shortcomings were overcome, and none prevented the entire staff and crew of the U.S.S. RESCUE (AH18) from doing the job assigned to it.

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